

FCC 395	<b>FEDERAL COMMUNICATIONS COMMISSION</b> Washington, DC 20554  <b>COMMON CARRIER ANNUAL EMPLOYMENT REPORT</b> <small>[Please read instructions before completing and for Notice regarding public burden.]</small>	Approved by OMB 3060-0076 Est. time per response: 1 hour
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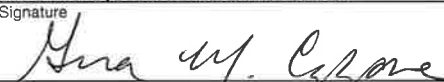
<b>SECTION 1 - General Information</b>	
1 Name and Mailing Address of Respondent : <div style="text-align: center;"> <b>Iowa RSA No. 12 Limited Partnership</b>          8410 Bryn Mawr Ave          Chicago, Illinois 60631       </div> <b>FRN: 2842177</b> <span style="float: right;"><i>Internal Company Code(s): 0394</i></span>	<input type="checkbox"/> Check here if this is a change of address

2. Year Report Filed  2017	3. Reporting Period (Ending Date of Pay Period Covered by Report)  3/15/2017 to 3/31/2017	4 Number of Full-Time Employees during Selected Reporting Period (check one) a. <input checked="" type="checkbox"/> Fewer than 16 (complete Sections 1, IV, and V only) b. <input type="checkbox"/> 16 or more (complete all sections)
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SECTION II - Full Time Employees.															
Job Categories	Number of Employees (Report employees in only one category)														
	Race/Ethnicity														
	Hispanic or Latino		Not-Hispanic or Latino												Total Columns A-N
			Male						Female						
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Executive/Senior Level Officials and Managers 1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers 1.2	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Professionals 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers 4	0	0	3	0	0	0	0	0	9	0	0	0	0	0	12
Administrative Support Workers 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers 8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL 10	0	0	4	0	0	0	0	0	10	0	0	0	0	0	14
PREVIOUS YEAR TOTAL 11	0	0	0	0	0	0	0	0	5	0	0	0		0	5

SECTION III - Part Time Employees.															
Job Categories	Number of Employees (Report employees in only one category)														
	Race/Ethnicity														
	Hispanic or Latino		Not-Hispanic or Latino												Total Columns A-N
			Male						Female						
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Executive/Senior Level Officials and Managers 1.1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers 1.2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals 2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians 3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers 4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers 5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers 6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives 7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers 8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers 9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL 10</b>	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>PREVIOUS YEAR TOTAL 11</b>	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6

<b>SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311</b>	
<input checked="" type="checkbox"/> This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territorial, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report <input type="checkbox"/> This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company (Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition)	
<b>SECTION V - Certification</b>	
<b>I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct</b>	
Date 5/8/2017	Typed or Printed Name of Person Signing Gina M Cozzone
Signature 	
Telephone No 773 399-7047	
Title of Person Signing Government Compliance Diversity Manager	
WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U S C 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U S C 312 (A)(1) AND/OR FORFEITURE (47 U S C 503)	